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Forensic Psychological Report

Name: Dustin Fox
Date of Birth: April 19, 1990
Dates of Evaluation: February 2 and March 8, 2018
Date of Report: May 1, 2019

IDENTIFICATION AND REASON FOR REFERRAL:

Dustin Fox, a 28-year-old Caucasian man, was referred by attorney Gregory Isaacs for a psychological evaluation to determine whether mitigating factors are present. In terms of the context for the referral, on December 19, 2018 Mr. Fox pled guilty to Production of Child Pornography in violation of 18 U.S.C. §2251(a) and Possession of Child Pornography in violation of 18 U.S.C. §2252A(a)(5)(B).

SOURCES OF INFORMATION:

Mr. Fox was evaluated on two occasions at the Blount County Corrections Facility for six hours of interview and testing.

The following psychological tests/techniques were used:

1. Clinical Interview
2. Personality Assessment Inventory (PAI)
3. Minnesota Multiphasic Personality Inventory-2, Restructured Form (MMPI-2-RF)
4. Millon Multiaxial Inventory-III (MCMI-III)

Collateral data were obtained from Mr. Fox's mother, Theresa Hurst in a 1.5 hour interview at my office.

An initial discovery summary (cover letter dated 12/27/2017) was reviewed.

RELEVANT BACKGROUND INFORMATION:

Family and developmental history:

Mr. Fox was raised by both parents until they split up when he was 16. He is his parents' only child but his father has another older son and his mother has two younger children

by her long-term boyfriend. His mother stated that Mr. Fox was the result of a normal pregnancy and he met developmental milestones on time. He began playing video games at age two and from then on was hooked. His mother recalled that he was always in his room on the computer. He was not one to pursue other extracurricular activities or socialize with children.

According to his mother, both she and Mr. Fox's father had a history of sexual abuse. She was sexually abused by her grandmother and Mr. Fox's father was molested by his grandfather. When Mr. Fox was seven, she told him that she and his father had both been sexually molested and got into the specifics of what had happened to them. She was afraid he, too, would end up being abused, and believed if he knew what had happened to his parents, he would be able to protect himself.

According to his mother's report, Mr. Fox's parents had a very troubled marriage right from the start. When he found out she was pregnant, his father told her he already had a child and did not want another and that she should abort. She had the baby, but her husband always resented and ignored the child. The couple argued loudly on a daily basis and, on occasions, the father physically abused the mother. The mother said she stayed in the marriage for her son's sake. Although she assumed she would have primary custody in the event of a divorce, she worried that the father would mistreat Mr. Fox during visits. Mr. Fox was an older teen when she left the marriage. She noted that his father has not seen him since then. As for Mr. Fox, his recollection was of being very unhappy during childhood due to his parents' constant arguing. He tried to drown out the yelling by watching television or playing video games. He recalled that his mother took out her frustrations about the marital problems by yelling at him in a very shrill, grating voice. Both Mr. Fox and his mother described their relationship as very tense and conflicted.

Relationship history:

When he was 15, Mr. Fox met online a 20 year-old woman who lived in England. They married when he was 17 and had a son shortly thereafter. The relationship lasted five years, which included a year that Mr. Fox lived in England with his wife and son. He said his wife grew tired of him and left. She lives in England with their son who is almost ten. After he and his wife separated, Mr. Fox had a few short-term online relationships, eventually becoming involved in an online relationship with the minor who has been identified as the victim in Mr. Fox's present legal case. As is apparent from a review of the initial discovery materials, this most recent relationship was highly sadomasochistic.

Mr. Fox described himself as "not very social, always had a hard time talking to new people or being in large groups." He prefers talking to people on the internet versus face-to-face. He reports having deep insecurities and fears of being rejected or judged.

Education history:

Mr. Fox was educated through a combination of homeschool and public school attendance. After briefly attending kindergarten, to which he showed a poor adjustment,

he was homeschooled by his mother until the second grade. His mother stated that the main reason she homeschooled him was that she was afraid someone would sexually abuse him just as she and her husband had both been abused. However, by the time he was in third grade, she worried he was not being socialized and she enrolled him in Karns Elementary. He remained in public school from third through sixth grade. According to his mother, he was in regular classes and was an average student. However, because he was not doing well socially, he was homeschooled again for seventh and eighth grade. In ninth grade, he enrolled in Karns High School where he went through a "Goth" phase (black clothes, piercings, and very long hair). During tenth grade, he and a friend were caught smoking marijuana at the vocational school and he was expelled. He attended night school where he obtained his GED at age 17. Looking back, Mr. Fox said he did not apply himself in school because he did not see the point. At the time, he just wanted to become a farmer or work on cars for a living. Now he wishes he had tried harder in school.

Employment history:

Starting at age 14, and off and on until three years ago, Mr. Fox worked as an assistant for his grandfather who owns Hurst Electric. He had a pattern of starting off being a reliable worker, then eventually quitting when his grandfather would do something to anger or offend him. He once briefly drove a dump truck for his mother's boyfriend until the construction project he was helping with ended. He worked at Petro's Diesel Shop for one month but was fired after a foot injury kept him away from work too long. During the year prior to his arrest, Mr. Fox tried his hand at farming by raising some chickens and rabbits. He has never achieved financial independence in adulthood. Rather, he has depended upon support from his grandfather and mother.

Medical history:

The medical history is based on self-report and has not been confirmed by medical records. As a teenager, Mr. Fox was diagnosed with stress-related stomach problems. He was treated for Lyme disease six years ago. At age 24 or 25, Mr. Fox was hospitalized overnight at Tennova in Turkey Creek for treatment of acute kidney problems secondary to methamphetamine use.

Mental health treatment history:

Mr. Fox has no history of mental health treatment. However, he described having been unhappy, even depressed throughout his childhood. Between ages 12-15, he experienced recurrent thoughts of suicide and went through a similar phase from age 24-25. During these times, he fantasized about shooting himself but never came close to acting on these thoughts.

Substance use history:

Mr. Fox reported a history of substance abuse. He has used marijuana on a regular basis since age 15. After using this substance the first time, he felt “more normal.” Prior to trying marijuana, he tended to feel “stressed out, sometimes to the point of throwing up.” He experimented with alcohol use from age 15-20 but decided he did not really like alcohol. Since then, he has limited his use to a few beers with food on occasion. He has used acid and mushrooms 8-10 times. He tried cocaine a few times but then tried methamphetamine which he preferred to cocaine. This, for him was “the perfect drug because it let me stay awake longer.” From age 22-25, he snorted the meth or smoked it with marijuana on a regular basis. He cut down on his use drastically after getting very ill and being hospitalized due to his kidneys shutting down. Since then, he has continued to use marijuana but has used meth just three times.

Pornography Addiction:

Mr. Fox reported that he coped with his unhappy childhood by being on his computer all the time. He was initially “addicted” to playing video games. He happened upon porn sites when he was between eight and ten by clicking on popup ads on his screen. By age 11, viewing porn was a daily activity for him. There were a few times when he was 14 or 15 that his mother caught him masturbating to porn. He recalled she would get mad and try to make him stop, but her efforts were ineffective, such that he was always able to return to it right away. As he stated, porn “was something my family had no power to control in my life, and was a way to defy them.” He viewed porn on a regular basis from age 11 until his arrest. At times, he felt the porn was a problem, but tried to disregard such feelings. He now believes he was addicted to porn.

Mr. Fox’s initial encounter with porn involved nude images of what he later learned were transsexual individuals. Thus, he believed women had penises. When several months he saw videos of nude females, he felt confused. He started masturbating while viewing porn at age 11. The masturbation became a compulsion, an act performed up to 16 times per day. He viewed all manner of pornography. There was very little that did not turn him on. By age 16 or 17, he realized he was addicted to porn. He was involved with his wife at the time and she gave him as much sex as he wanted but he still craved the porn and viewed it twice daily.

Criminal history:

Mr. Fox appeared in Juvenile Court after being found in possession of marijuana on school property during high school. He believes he was placed on probation and was required to complete community service. He has no other past arrests.

BEHAVIORAL OBSERVATIONS AND MENTAL STATUS:

On each occasion of evaluation, Mr. Fox was unkempt with long oily hair and a bushy beard. He is overweight and appears to ignore grooming and hygiene. Interpersonally, he

was polite and cooperative with the tasks of the evaluation. His speech was organized and coherent. His memory functions and concentration appeared average and his thought processes appeared organized. In terms of thought content, he reports having fairly constant depressive ideation. He said he has had prior episodes of feeling suicidal, but he is not now suicidal. He described himself as pessimistic with a tendency to worry about all manner of things. He does not report symptoms or display any signs of psychosis (e.g. hallucinations, delusions, or paranoia). During the interviews, he appeared sad and vulnerable. He said he felt very embarrassed about the behaviors that for the basis for his charges.

When asked about current symptoms of mental health problems, Mr. Fox said he feels constantly down and depressed. The depression tends to revolve around his sense that at 27, he has not done enough with his life. He observed that due to being continuously depressed since childhood, depression is “kind of a normal feeling for me.” Mr. Fox described several symptoms including sleep problems, low energy, guilt feelings, low self-esteem, and hopelessness. He described symptoms of anxiety including chronic worry, nausea and shaking. When asked if he were interested in psychotropic medication for his depression and anxiety symptoms, Mr. Fox said that he was not interested at the moment but would think further about this option.

PSYCHOLOGICAL TESTING:

A variety of objective tests of adult personality and psychopathology were administered to Mr. Fox. These include the, the Personality Assessment Inventory, the Minnesota Multiphasic Personality Inventory-2-Restructured Form, and the Millon Multiaxial Clinical Inventory-III. Findings of each instrument will be discussed in turn.

The Personality Assessment Inventory (PAI):

On the PAI, Mr. Fox may have attempted to portray himself in a negative manner in responding to test items. As such, the possibility that the results are skewed toward the negative needs to be considered. With that caveat in mind, the results suggest Mr. Fox is suspicious, distrustful, and hostile in his relationships. Others view him as overly sensitive; he holds grudges and nurses resentments even when the perceived insult was unintentional. He appears to have a history of intense, volatile relationships in which he has been preoccupied with fears of being abandoned or rejected. Perhaps unsurprisingly, then, he describes himself as socially isolated with few close or warm relationships. He is very uncomfortable in social situations, having little interest or need for interacting with people.

Emotionally, Mr. Fox is pessimistic, dwelling on thoughts of worthlessness, hopelessness, and a sense of personal failure. He appears to be experiencing transient depression and mild anxiety and stress. He describes himself as being impatient, easily irritated, quick-tempered and easily provoked. However, he does not report having problems with aggression. He acknowledges that drug use has caused problems in his life. His self-concept is negative to the point of being harsh. He is self-critical and

reflects on past failures and lost opportunities.

When it comes to motivation for treatment, Mr. Fox is somewhat lower than is typical of those being seen in treatment settings. Taken as a whole, his responses suggest he is satisfied with himself and is not experiencing a marked degree of distress and sees little need for change.

The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF):

On the MMPI-2-RF, Mr. Fox gave some inconsistent responses to similar test items and there is a possibility he may have over-reported his problems and symptoms. As a result, test interpretations should be viewed with caution and considered in conjunction with other sources of data.

According to the MMPI-2-RF, Mr. Fox has a number of somatic complaints involving head pain, vague neurological symptoms, and gastrointestinal problems. He is likely to complain of fatigue and may tend to develop physical symptoms in the face of stress. He reports some cognitive problems, including poor memory and concentration.

Emotionally, Mr. Fox reports a high level of acute distress due to being very unhappy about his present circumstances. He reports feeling depressed, anxious, hopeless, and overwhelmed. He worries he cannot be helped, feels like he gets a raw deal from life, and he lacks motivation for change. He has no self-confidence, dwells on his problems, and constantly disparages himself.

Mr. Fox is suspicious and believes others are out to harm him. He reports a significant history of acting out, antisocial behavior, and poor impulse control. He also reports a history of suicidal ideation. He has problems with authority figures, has conflictual relationships, and has antisocial characteristics. He reports significant past problems with substance abuse. He is sensation-seeking and likely to act out when bored.

Interpersonally, Mr. Fox reports having many cynical beliefs and is likely to be hostile and distrusting of others. He avoids social situations, has little direct contact with others, and feels alienated as a result. He reports having difficulty forming relationships due to considerable introversion, shyness, and social anxiety.

Millon Clinical Multiaxial Inventory-III (MCMI-III):

As with the PAI and the MMPI-2-RF, Mr. Fox may have given an overly negative self-portrayal on the MCMI-III to some degree. Results should, therefore, be viewed with caution and corroborated by other sources. In terms of enduring personality patterns, the results suggest that Mr. Fox is immature, having failed to achieve an adequate level of autonomy for his age. Due to feelings of inferiority and social anxiety, he avoids adult responsibilities, instead leaning on others for support. At the same time, he resents those on whom he must depend, finding them inconsiderate and critical. However, because he cannot afford to lose their ongoing support, he tends to express his resentment in passive-

aggressive ways, rarely discharging his anger directly.

Similar to the PAI and MMPI-2-RF, the MCMI-III suggests chronic, low-grade depression and anxiety along with a history of drug abuse.

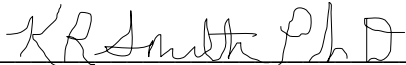
CLINICAL FORMULATION:

Based on interview, collateral, and test data, Mr. Fox appears to have struggled with chronic, low-grade depression and social anxiety since childhood. It appears he was raised in a dysfunctional household with parents who constantly yelled at each other and with his father physically abusing his mother. His father ignored him and his mother alternated between ignoring him and angrily criticizing him. He was insufficiently socialized due to being homeschooled until third grade and again in middle school. From a young age, he escaped his unhappy home life, not by connecting with friends, but rather by spending all his time playing games on the computer. Despite his mother's efforts to protect him from being sexually abused, he was, in a very real sense, sexually traumatized at a young age. The first trauma occurred when his mother filled him in at age seven on the fact that she and his father had both been sexually abused as children by their grandparents. This act on his mother's part may have been well-intentioned, but was misguided, inappropriate, and developmentally harmful. The second trauma occurred when he was exposed to internet pornography somewhere between age eight and ten and then, lacking any semblance of adult supervision, continued to view pornographic material in a compulsive fashion. For a child of that age, pornographic material would be frightening, confusing, disturbing, and powerfully imprinting upon the brain. The pornographic material, soon paired with masturbation, stimulated a precocious eroticism of an addictive nature. Masturbation to porn became Mr. Fox's outlet for all the rage he could not express any other way. Drug use was Mr. Fox's other outlet. Marijuana soothed his depression and anxiety and made him feel "normal." When he eventually used methamphetamine, he found the drug enlivened an otherwise emotionally-deadened inner life.

Mr. Fox has very few relationships in his life that can be considered real-most are on-line. His actual relationships have been very problematic. His father has been rejecting and his mother and grandfather have been critical and controlling. There was his failed marriage with the older woman from England about which not much is known. Mr. Fox has remained in a protracted adolescent stage, dependent on his mother and grandfather yet also flaunting and rebelling against convention. As he observed when given feedback about the test results, "I don't feel any more mature or smarter now than I did at 14." Given his very real powerlessness and inefficacy, it is not surprising that in the on-line relationship with his victim, he has acted out with someone more vulnerable than he is, play-acting the role of the dominant, controlling, and sadistic partner in the dyad. This is a role that completely eludes him in reality.

RECOMMENDATIONS:

Mr. Fox has not ever received mental health treatment and is very much in need of multiple modalities of treatment. He needs individual therapy for depression and anxiety and he may also be a candidate for psychotropic medication. He needs social skills training. He is in need of substance abuse treatment. He openly admits to having a pornography addiction and all manner of deviant sexual interests and speaks openly about the behaviors that resulted in his charges. He is a good candidate for a comprehensive program of sex offender treatment.

A handwritten signature in cursive script, reading "K R Smith Ph D", written in black ink on a white background.

Kathryn R. Smith, Ph.D.

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